

## PT Partnership – Cognition

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October is Physical Therapy Month and a perfect time to celebrate not only the work of physical therapists, but also how they can collaborate with the interdisciplinary team to best serve patients. As physical therapists, we spend a lot of time evaluating a patient's physical function, but we must also remember that a person's cognition highly impacts their functional abilities as well. By utilizing the interdisciplinary team, we can more effectively assess the impact of patients' cognition on function and discover strategies for better helping patients meet their goals.

If a physical therapist is the first discipline evaluating a patient, it is important for the PT to initiate the assessment of cognition during their evaluation. This will not only identify a possible cognitive barrier but also alert the PT to whether a Speech and/or Occupational Therapy evaluation may be indicated. During an initial evaluation, a physical therapist should assess:

- Type of cues the patient responds to: verbal, tactile, visual or a combination?
- Number of steps of a command the patient follow?
- How much carryover of education or cues is seen throughout the evaluation?
- Memory
- Ability for new learning

If a patient is demonstrating poor carryover, difficulty responding to cues, is unable to follow commands, memory or safety issues, a referral to Occupational and/or Speech Therapy may be indicated for determining the remaining abilities and the best strategies for working with the patient.

### Ways for PT to collaborate with OT and ST to improve patient outcomes:

1. Collaborating with a Speech Language Pathologist can help determine:
  - a. Best way to communicate with a patient with cognitive barriers.
    - i. For example: What types of cues are most effective, how many steps can the patient follow, does the patient need visual aids or a communication board, or how can the therapist modify their speech or voice to increase patient comprehension? Issues with memory.
2. Occupational Therapists and Speech Language Pathologists can perform specialized cognitive testing to better understand a patient's level of cognition:
  - a. Knowing a patient's Allen's Cognitive Level (ACL), will provide information regarding the patient's remaining cognitive abilities and assist in the development of appropriate strategies that include types/levels of cues, effective approaches and modifications to tasks and/or environment necessary to facilitate function, manage behaviors, improve safety etc.
  - b. The ACL can also identify the patient's ability for new learning, and ability to follow written cues which is critical information needed for the development of the PT plan of care. **Did you know that an ACL 4.4 is the level at which there is the ability for new learning and use of written cues?** That information is critical...DC planning...safety strategies...use of equipment....ability to follow home exercise program...
  - c. Education of family and caregivers
3. Group treatments or Co-treatment
  - a. To determine appropriate groups
  - b. Safety in a cognitively impaired group
  - c. Co-treatment with ST or OT to incorporate complex tasks for rehab to home and highest functional outcomes. Example: Spaced retrieval technique with SLP during gait training with walker during PT

The complexity of our health care and the residents we treat, often transcend the expertise of a single knowledge domain. Therefore, identification and resolution requires collaboration to access the skills possessed by multiple disciplines. Incorporating knowledge and input from ST and OT play a vital role in a patient centered approach necessary to complete a comprehensive evaluation and develop an individualized treatment plan that will achieve the highest level of functional independence, dignity, quality of life and safe transitions.